

PTO/SB/29 (8/98)

Approved for use through 09/30/2000. OMB 0651-0032
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(e) or (f))		14 -20* =		x \$ _____ =	\$ _____
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (f))		4 -3** =	1	x \$78.00 =	78.00
MULTIPLE DEPENDENT CLAIMS (If applicable) (37 C.F.R. § 1.16(d))				+ \$270.00 =	270.00
				BASIC FEE (37 C.F.R. § 1.16)	760.00
Total of above Calculations =					1,108.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					
TOTAL =					1,108.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____

- a. ☐ Fees required under 37 C.F.R. § 1.16.
b. ☐ Fees required under 37 C.F.R. § 1.17.
c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☐ A check in the amount of \$ _____ is enclosed.9. ☐ New Attorney Docket Number, if desired _____

(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

10 a. ☒ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

- b.
- ☐
- Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☐ Other: _____**NOTE:**The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.**12. NEW CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Marie Collazo				
Address	AlliedSignal Inc. 101 Columbia Road, P.O. Box 2245				
City	Morristown,	State	NJ	Zip Code	07962-2245
Country	USA	Telephone	973-455-2038	Fax	973-455-6199

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

Marie Collazo

Signature

Registration No. (Attorney/Agent)

P-44085

Date

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (d))		14 -20* =		x \$ _____ =	\$
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (f))		4 -3** =	1	x \$ <u>78.00</u> =	78.00
MULTIPLE DEPENDENT CLAIMS (If applicable) (37 C.F.R. § 1.16(d))				+ \$ <u>270.00</u> =	270.00
				BASIC FEE (37 C.F.R. § 1.16)	760.00

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PTO/SB/97 (12-97)
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I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on Dec. 15, 1998

Date

Mary Nitti

Signature

Mary Nitti

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Continued Prosecution Application (CPA) Request Transmittal

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